

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028937

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 152

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Carthage

Length of stay in 1b

65 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jasper

admission)

c. CITY
OR
TOWN

Carthage

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

McCune-Brooks hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

1800 S. Garrison

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ClaudMiddle
BryanLast
Taylor

Sr.

4. DATE
OF
DEATH

Month

Day

Year

July 28, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-28-95

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

rev. revenue agent

10b. KIND OF BUSINESS OR INDUSTRY

state revenue

11. BIRTHPLACE (City and state or country)

Sarcosie, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank J. Taylor

13b. MOTHER'S MAIDEN NAME

Margaret Wattenberger

14. NAME OF HUSBAND OR WIFE

Nelle Allen Taylor

15. WAS DECEASED EVER IN U.S. ARMED FOR
(Yes, no, or unknown) (If yes, give year or date)

yes

WW I

RITY NO.

141

17. INFORMANT

Nelle Taylor, 1800 Garrison, Carthage

Address

Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 Mon.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a) Left hemiplegia since 1952
Coronary insufficiencyPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/13/54 to 7-28-63

and last saw her

him alive on 7-28-63

Death occurred at 9:47 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. J. Luce

(Degree or title)

MO

22b. ADDRESS

1515 Hazel, Carthage, Mo

22c. DATE SIGNED

7-29-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

7-30-63

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county)

Carthage, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hnell Mortuary, Carthage, Mo

25. DATE RECD. BY LOCAL REG.

July 30, 1963

26. REGISTRAR'S SIGNATURE

E. J. Luce

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10497

204972

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AUG 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carlisle

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.